



APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status. **We are an equal opportunity employer.**

PLEASE PRINT

Position Applied For:

Date of Application:

How Did You Learn About Us?

Newspaper Ad

Website

Relative

Internet

Employment Agency

Other:

Friend

Self

First Name:

Middle Name:

Last Name:

Address:

City:

State:

Zip:

Telephone Number:

Best time to call:

Social Security Number:

If you are under 18 years of age, can you provide required proof of your eligibility to work?

YES

NO

Have you ever filed an application with us before?

YES

NO

If yes, give date:

Have you ever been employed with us before?

YES

NO

If yes, give date:

Do any of your friends or relatives work here?

YES

NO

If yes, state name, relationship and job position:

Are you currently employed?

YES

NO

May we contact your present employer?

YES

NO

Are you legally eligible for employment in the U.S.?

YES

NO

Proof of citizenship or immigration status will be required upon employment

Have you ever been convicted of a crime?

YES

NO

If yes, please explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation:

Date available for work:

Desired Salary Range:

Are You Available To Work:

Full Time

Part Time (please indicate: mornings afternoons evenings)

Temporary (please indicate dates available

to

Are you currently on "lay-off" status and subject to recall?

YES

NO

Can you travel if job requires it?

YES

NO



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EDUCATION

SCHOOL	NAME & ADDRESS OF SCHOOL	COURSE OF STUDY	YEARS COMPLETED	DIPLOMA/DEGREE
HIGH SCHOOL				
UNDERGRADUATE COLLEGE				
GRADUATE/PROFESSIONAL				
OTHER (SPECIFY)				

WORK EXPERIENCE *(only include employment for the last 15 years unless relevant to the position)*

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which include race, color, religion, gender, national origin, disabilities, or other protected status.

EMPLOYER	DATES EMPLOYED		WORK PERFORMED
ADDRESS	FROM	TO	
TELEPHONE NUMBER(S)			
STARTING/PRESENT JOB TITLE	HOURLY RATE/SALARY		
SUPERVISOR	STARTING	FINAL	
REASON FOR LEAVING			
			MAY WE CONTACT? YES NO

EMPLOYER	DATES EMPLOYED		WORK PERFORMED
ADDRESS	FROM	TO	
TELEPHONE NUMBER(S)			
STARTING/PRESENT JOB TITLE	HOURLY RATE/SALARY		
SUPERVISOR	STARTING	FINAL	
REASON FOR LEAVING			
			MAY WE CONTACT? YES NO

EMPLOYER	DATES EMPLOYED		WORK PERFORMED
ADDRESS	FROM	TO	
TELEPHONE NUMBER(S)			
STARTING/PRESENT JOB TITLE	HOURLY RATE/SALARY		
SUPERVISOR	STARTING	FINAL	
REASON FOR LEAVING			
			MAY WE CONTACT? YES NO



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WORK EXPERIENCE (con't)

EMPLOYER	DATES EMPLOYED		WORK PERFORMED
ADDRESS	FROM	TO	
TELEPHONE NUMBER(S)			
STARTING/PRESENT JOB TITLE	HOURLY RATE/SALARY		
SUPERVISOR	STARTING	FINAL	
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EMPLOYER	DATES EMPLOYED		WORK PERFORMED
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EMPLOYER	DATES EMPLOYED		WORK PERFORMED
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TELEPHONE NUMBER(S)			
STARTING/PRESENT JOB TITLE	HOURLY RATE/SALARY		
SUPERVISOR	STARTING	FINAL	
REASON FOR LEAVING			

Comments:
Please include explanation of any gaps in employment.

STEP 2

APPLICATION FOR EMPLOYMENT

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

List any professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Do you have any specialized skills we should be aware of?

Note to applicant: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE POSITION FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without reasonable accommodations, the activities involved in the position for which you have applied? A review of the activities involved in this position have been given. YES NO

STEP 2

APPLICATION FOR EMPLOYMENT

PERSONAL/PROFESSIONAL REFERENCES *(do not include family members or past supervisors)*

NAME	PHONE NUMBER	BEST TIME TO CALL	OCCUPATION

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 90 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer. It is further understood that if I am offered employment I will be subject to a criminal background check.

Signature of Applicant

Date